

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D88796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF PATRICK J. KENNEDY INC.

Mailing Address P.O. Box 321
Ste 201City
PawtucketState
RIZip Code
02860Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Patrick J. KennedyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: D88792

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road
Ste 2000City
ColumbusState
OHZip Code
43229Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Patrick J. TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D88797

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)